

SECTOY

photos

APR 25 1994

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1. CASE NO. <u>N9430047</u> 940322CNE5097		2. INVESTIGATOR'S ID 8 0 5 5		3. OFFICE CODE 8 0 2		EPIDEMIOLOGIC INVESTIGATION REPORT
4. DATE OF ACCIDENT YR MO DAY 9 4 0 3 1 0		5. DATE INVESTIGATION INITIATED YR MO DAY 9 4 0 3 2 5				
6. SYNOPSIS OF ACCIDENT OR COMPLAINT <u>A fire which caused approximately \$500.00 damage to a kitchen has been attributed to a toaster oven having a defective switch. No injuries resulted from this accident.</u>						
7. LOCATION (Home, school, etc.) <u>Hone- Kitchen</u> 1 0						
8. CITY <u>Wenham</u>				9. STATE <u>M A</u>		
10A. FIRST PRODUCT <u>Toaster oven</u> 0 2 1 6		11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS <u>Model BITRO20 The Black & Decker Mfg. Co., Shelton, CT</u>				
10B. SECOND PRODUCT <u>Kitchen cabinet</u> 4 0 5 6		11B. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS <u>Unknown</u> 06484				
12. AGE OF VICTIM 9 9 9		13. SEX (Use numerical code) MALE -1 FEMALE -2 UNKNOWN -3 9		14. DISPOSITION <u>No injury</u> 0		15. INJURY DIAGNOSIS <u>No injury</u> 7 0
16. BODY PART <u>No injury</u> 9 9		17. RESPONDENT(S) (Mother, Friend) * <u>Fire Department</u> <u>Lieutenant, OWNER</u> 3		18. TYPE INVESTIGATION ON SITE 1 TELEPHONE 2 OTHER 3 3		19. TIME SPENT 0 7 0
20. ATTACHMENTS <u>Multi</u> 9		21. CASE SOURCE <u>Fire Dept.</u> 0 1		22. REVIEWED BY 8 3 4 2 YR MO DAY 9 4 0 4 1 5		
23. PERMISSION TO DISCLOSE NAMES (NON-NEISS CASES ONLY) CPSC MAY DISCLOSE MY NAME <input type="checkbox"/> CPSC MAY NOT DISCLOSE MY NAME <input checked="" type="checkbox"/>						
24. NARRATIVE (See Instructions on Other Side)				25. REGIONAL OFFICE DIRECTOR REVIEW DATE <u>4-18-94</u>		
<p>* The information contained in this report was provided by the fire department lieutenant and in telephone conversations with the apartment occupant and the executive director of the housing complex where this accident occurred.</p> <p>X 8/13/95</p> <p>X</p> <p>(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)</p>						

PRE-ACCIDENT:

The apartment occupant reported that she had purchased the toaster oven new at a Lechmere Sales Retail Store 7 years prior to the accident and that she had used this oven on a daily basis to bake potatoes, toast bread etc.. She also said that this toaster oven had never been damaged or repaired and had always functioned properly.

The apartment occupant reported that at approximately 0850 hours on the accident date, she toasted a piece of bread on ~~the~~ ^{one} side in the toaster oven. She then turned the piece of bread over in the toaster oven and after closing the toaster oven door and depressing the toast switch on the oven, she placed her oven mitt on top of the oven and left her kitchen to talk on the telephone in her bedroom.

The Executive Director of the Housing Authority reported that the elderly apartment occupant is absent-minded and that her recollection of events could be unreliable. However, the apartment occupant readily answered my questions and said that she is 79 years old, in good health and has no handicaps and was not fatigued at the time of this accident.

ACCIDENT:

The apartment occupant reported that at approximately 0900 hours the smoke alarm in her kitchen sounded its alarm and that when she went into her kitchen, she observed that there were flames inside her toaster oven and that there was smoke in her kitchen.

POST-ACCIDENT:

The fire department lieutenant reported that the activation of the smoke alarm in this kitchen sounded an alarm to the fire station and that when the firemen arrived at the accident scene, they removed the toaster oven from the apartment and that no injuries resulted from this accident.

The fire department lieutenant feels that the vertical switch on the toaster oven failed, causing it to remain in the "on" position, ~~and~~ resulting in this accident. The elderly apartment occupant stated that she did not remove crumbs etc., from this toaster oven on a regular basis, and that she does not know why this accident occurred but that it could have been from the ignition of food materials.

No injuries resulted from this accident, which caused approximately \$500.00 damage. This accident occurred at a housing complex for the elderly, which is approximately 20 years old. It was reported that this complex has copper wiring and that there are no GFCI's in the kitchen at this complex. It could not be determined if the circuit-breaker protecting the circuit into which the toaster oven was plugged, had tripped during this accident.

STANDARDS INFORMATION:

This toaster oven bears the following labeling "UL toaster listed 228E".

SAMPLES COLLECTED:

The toaster oven which was involved in this accident was collected from the local fire lieutenant (S-800-1305) and has been forwarded to CECA.

PRODUCT IDENTIFICATION:

The toaster oven which was involved in this accident is labeled in part "Black & Decker Model No. BITR020 Shelton Conn. ***120 volts 1500 watts 50-60 Hz A.C. only Household use Only UL TOASTER LISTED 228E". It has an approximately 2' long 2 conductor cord which is imprinted in part, "TYPE HPN HEATER CORD C+ M" with a molded plug that is imprinted "D Victor 9".

The occupant of the apartment where this fire occurred reported that this oven had been purchased new and had always functioned properly. This toaster oven was found to have a broken window (See Exhibit 3-oven Photograph 1) and the metal cross support above the upper oven carod was found to be distorted (See Exhibit 3 Photograph 10).

This toaster oven has three sets of controls on its front (See Exhibit 3-Photograph 6). One control for baking can be set on OFF 200 DEFROST 300 400 or 500. A second control is a vertical on-off switch for toasting and the third control can be set for toasting light to dark.

ATTACHMENTS:

Attached to this report as exhibits are-

Exhibit 1 Photocopy of C/R S-800-1305

Exhibit 2 Photocopy of the local fire report on this
accident

Exhibit 3 Photographs (10)

Photographs 1-5 Depict the toaster oven

Photograph 6 Depicts the controls on the toaster oven

Photographs 7-9 Depict the labeling on the toaster oven

Photograph 10 Depict the distortion of the metal
support above the calrod near the top
of the oven.

COC/ds

940322CNE5097
EXHIBIT 1

U. S. CONSUMER PRODUCT SAFETY COMMISSION

SAMPLE COLLECTION REPORT

1. Flag		2. Date Collected 3/28/94		3. Sample type & number <input checked="" type="checkbox"/> Physical S-800-1305 <input type="checkbox"/> Documentary	
4a. Product name Toaster Oven		4b. Model B1TRO20		4c. Code 0216	
				5. Assignment ref. 940322CNE5097	
6. Complete for import samples				7. MIS:	
Port of Entry :				32721	
Entry # & date :				8. Hours Activity 2 Travel 1	
Country of Origin :				9a. Home RO	
HSUSA code :				FOER	
Customs Contact :				9b. Collecting RO FOER	
10. Sample Cost n/c		11. Invoice value of lot -----		12. Size of lot 1 toaster oven	
13. Manufacturer/ XXXXXX The Black & Decker Mfg. Co. Shelton, CT 06484		14. Shipper/Foreign Mfr. [ID#		15. Dealer/ XXXXXXXXXX Lt. Philip Melanson Wenham Fire Department Wenham, MA 01984 [ID#	
16. Supporting documents attached: Invoice # & date: _____ Date shipped: _____ Shipping record # & date: _____ Affidavid signer's name, title & date: _____					
17. Product Identification: Toaster oven which is imprinted in part, " BLACK & DECKER MODEL NO B1TRO20 SHELTON, CONN MADE IN U.S.A. 120VOLTS 1500 WATTS 50-60 Hz A.C. ONLY HOUSEHOLD USE ONLY UL TOASTER LISTED 228E" This toaster oven has 3 controls; 1 to turn the oven off-on & set its temperature, 1 to turn the toaster off-on, & 1 to set the toasting time					
18. Reason for collection & analysis needed FHSA CPSAxx FPA PPPA RSA Collected in conjunction with investigation 940322CNE5097, which concerned a report from the local fire department that a fire resulted from a defective switch on this toaster oven.					
19. Summary of Field Screening:					
20. Sample Size, Method of Collection: Sample consists of one toaster oven, which was collected from Lt. Philip Melanson of the Wenham Fire Department. This toaster oven was identified as in block 21 and was then placed into a clean fiber ctn, that was then off. sealed & prepared for shipment to the CPSC sample custodian.					
21. Identification on sample: "S-800-1305 3/28/94 CFO"		22. Identification on seal: "S-800-1305 3/28/94 Charles F, O'Connell"			
23a. Sample delivered to: Picked up at BOS RP by United Parcel Serv.		23b. Date: * 4/12/94		24. Orig. report/records sent to FOER	
25. Laboratory/Office: ESEL <input type="checkbox"/> HSHL <input type="checkbox"/> CERM <input type="checkbox"/> CECA <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>					
26. Remarks: Attn Kathy Kelsey *23b Sample was held under lock & key from the time it was off. sld, until it was picked up by UPS.					
27. Related Samples: NONE					
28a. Collector's name & title: Charles F. O'Connell Investigator			28b. Collector's signature & date: <i>Charles F. O'Connell</i> 3/28/94		
29a. Reviewer's name & title: Gilbert Bodin Supv. Investigator			29b. Reviewer's signature & date:		

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EXHIBIT 2

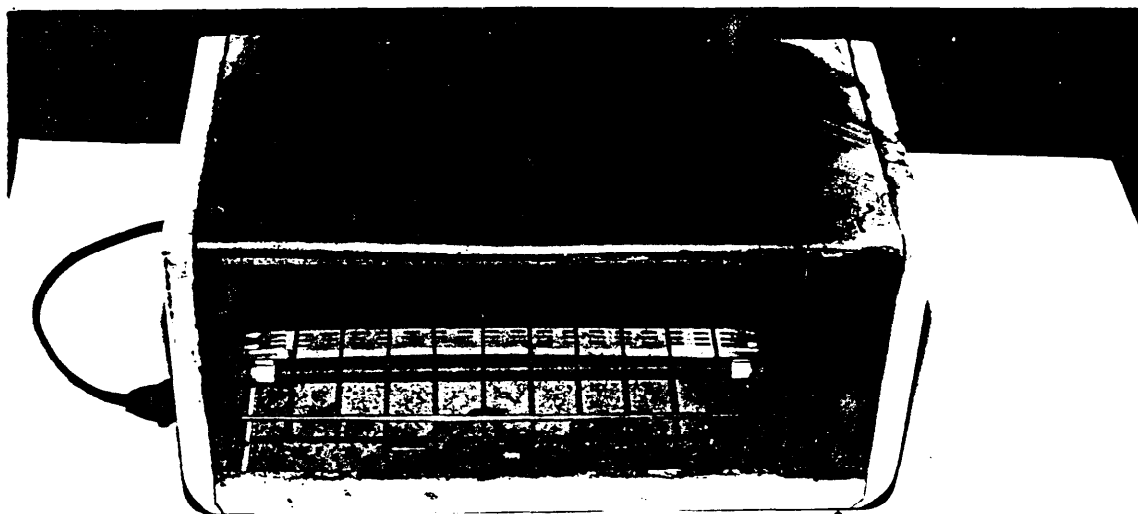
MASSACHUSETTS FIRE INCIDENT REPORT

Department of Public Safety Office of the State Fire Marshal
1010 Commonwealth Avenue Boston, Massachusetts 02215

10	FDID# 09320	DEPARTMENT Wenham Fire Department			Revised Report	1 Delete 2 Change	FORM FP - 32
Incident# 940091		If Exposure Fire Only: 00	Date 03/10/94	Day of Week: Thrsday 5	Alarm Time 09:03	Arrival Time 09:09	Back in Serv. 09:35
Type of Situation Found Strct Fire-Tstr Oven 11				Type of Action Taken Extinguishment 1		Mutual Aid 1 Rec'd 2 Given X N/A	
Fixed Property Use (Occupancy) 3-6 apartment units 422				Ignition Factor Auto control failure 52			
Correct Address 7 Larch Lane					Zip Code 01984		Census Tract 216100
11 Occupant Name (Last,First,Mi) Beckett, Elizabeth				Telephone (508) 468-3206		Room or Apt. 7	
12 Owner Name (Last,First,Mi) Wenham Housing Auth			Address Larch Lane Wenham			Telephone (508) 468-1532	
13 Method of Alarm from Public Private alarm system 3				Co. Inspection District 34		Shift 1	
No. Fire Service Personnel Responded 16		No. Engines Responded 2		No. Aerial Apparatus Responded 0		No. Tankers Resp. 0	
No. Other Vehicles Responded 0		Hazardous Material Present? Yes X No		Substance		Special Equipment Used?	
20 FIRE SERVICE		Number of Injuries 0		Number of Fatalities 0		OTHER	
		Number of Injuries 0		Number of Fatalities 0		Rescues 0	

Mobile Property Type Mobile property type n/a 8		Vehicle 1 Yes Stolen? 2 X No		Estimated Total Dollar Loss 500.00	
Insurance Co.			Total Insurance		Claim Paid
30	Year	Make	Model	Color	License No.
				VIN#(Serial No.)	
40	If Equipment Involved In Ignition	Year	Make Black and Decker	Model	Serial No. B1TR020

Complex Apartment complex 42		Area Of Origin Kitchen, cooking area 24		Equipment Involved in Ignition Portable cook/warm unit 25	
Form of Heat Ignition Heat:equip notOK 57		Form of Material Ignited Cooking material 76		Type of Material Ignited Food, starch 57	
Method of Extinguishment Make-shift aids 2		Level of Fire Origin 10-19' above ground 2		Number of Stories 2 stories. 2	
Construction Type Unprotected wood frame 8		Extent of Flame Damage Part of rm/area of origin 2		Extent of Smoke Damage Floor of origin 5	
Detector Performance Not at origin, operated 2		Sprinkler Performance No equipment present 8		IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	
Form of Material Generating Most Smoke Cooking material 76		Type of Material Generating Most Smoke Food, starch 57			
WEATHER Daylight, Heavy Rain 40'- 45' F				Avenue of Smoke Travel Corridor 2	
MEMBER MAKING REPORT Philip Melanson, Lieutenant				DATE 03/17/94	
Entries contained in this report are intended for the sole use of the State Fire Marshal. Estimations and evaluations made herein represent "most likely" and "most probable" cause and effect. Any representation as to the validity or accuracy of reported conditions outside the State Fire Marshal's office, is neither intended nor implied.					
FIRE MARSHAL F.M. _____ 1 _ Yes 2 _ No					

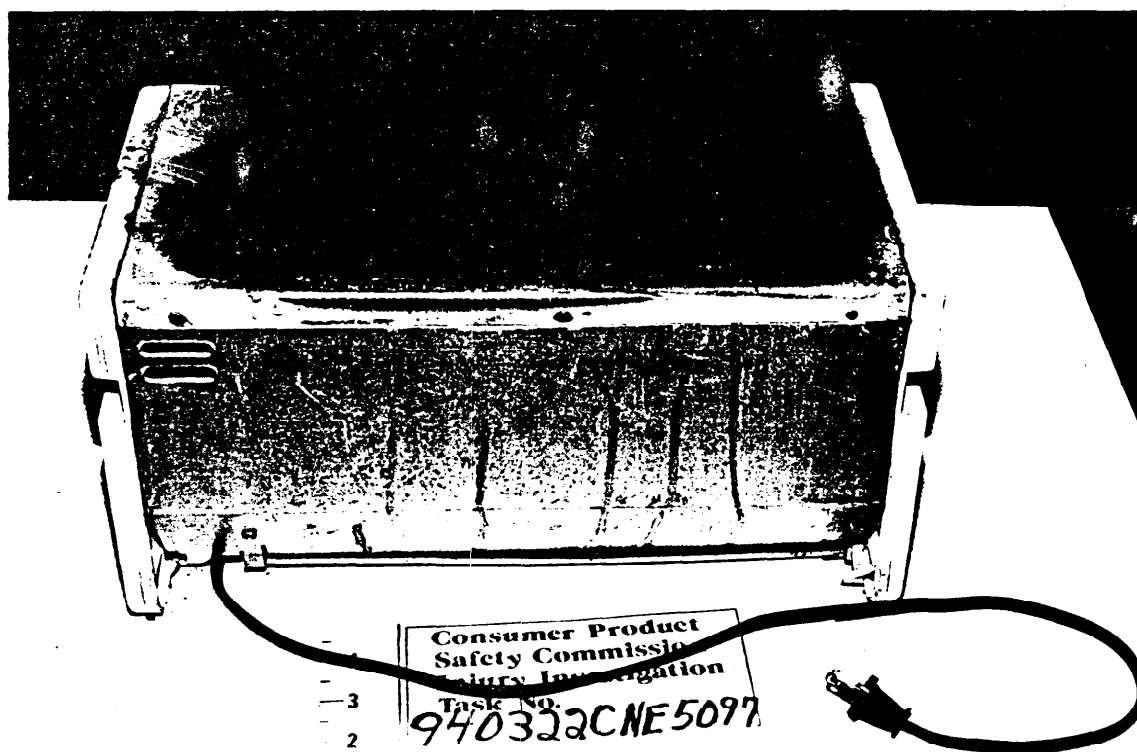
EXHIBIT 3

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1	2	3	4	5	6	7
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Consumer Product
Safety Commission
Injury Investigation
Task No.
940322CNE5097

Photographs 1 & 2 Depict the toaster oven.

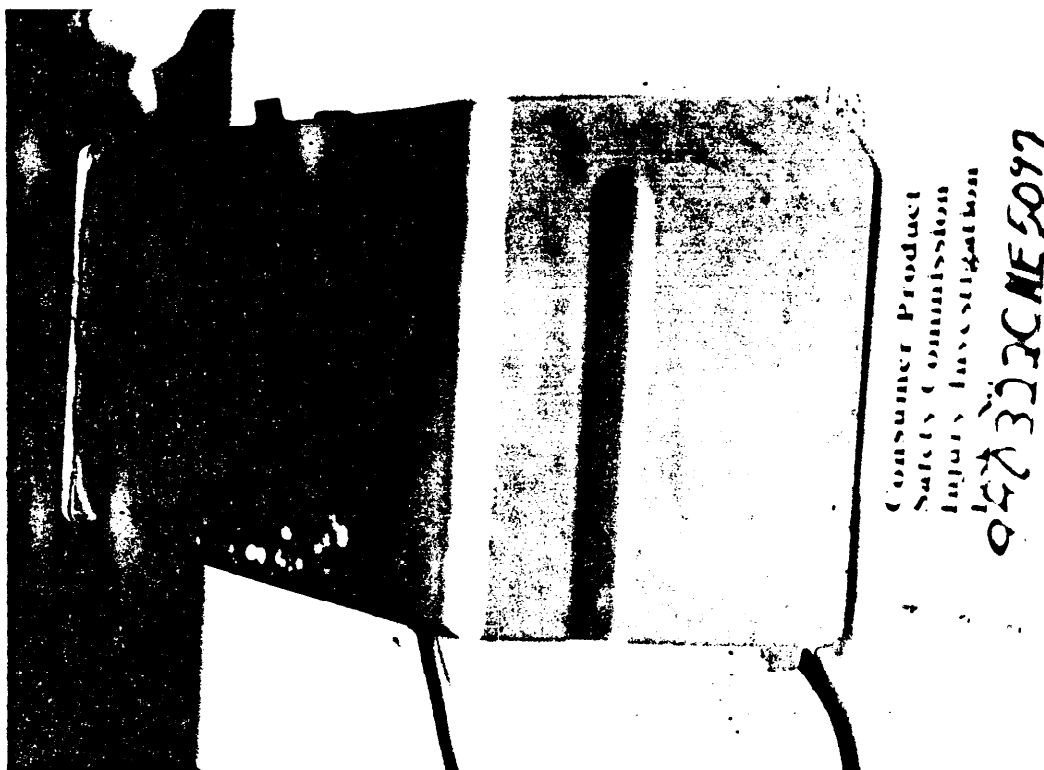


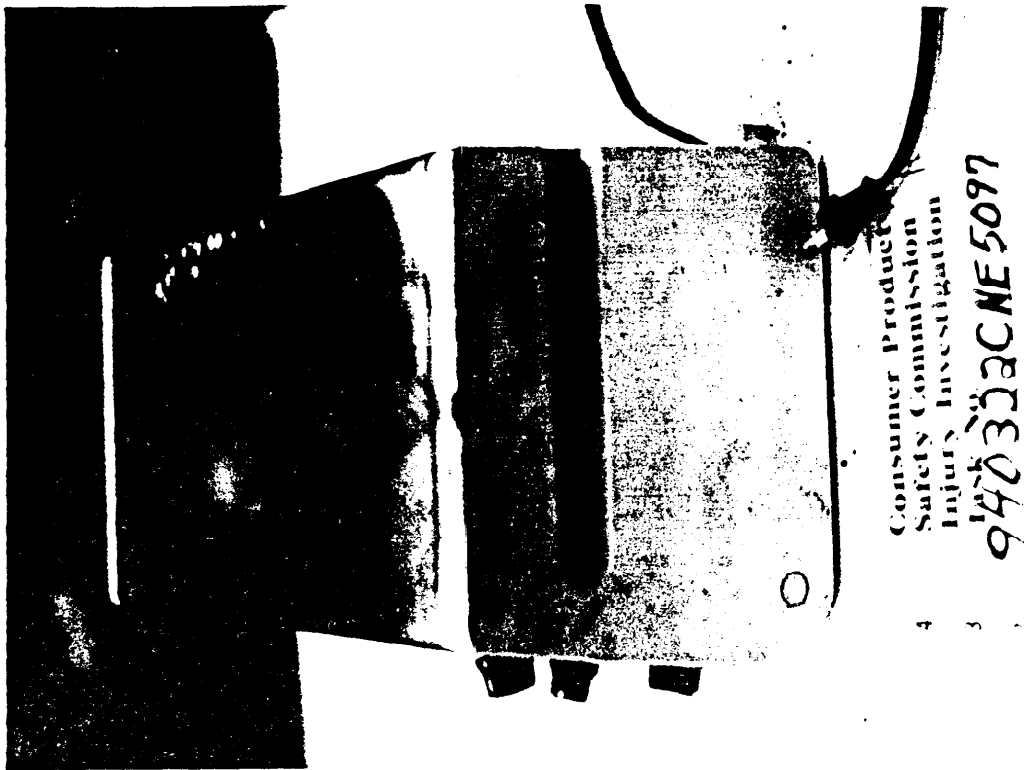
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Consumer Product
Safety Commission
Injury Investigation
Task No.
940322CNE5097



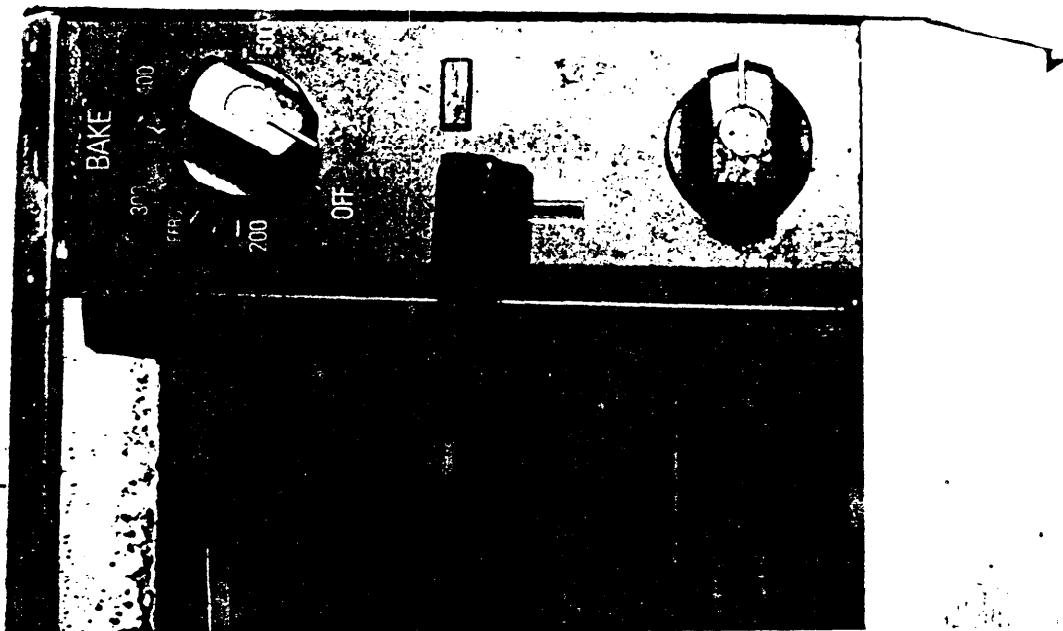
Photographs 3 & 4 Depict the toaster oven.





Photograph 5 Depicts the toaster oven.

940322CNE5097



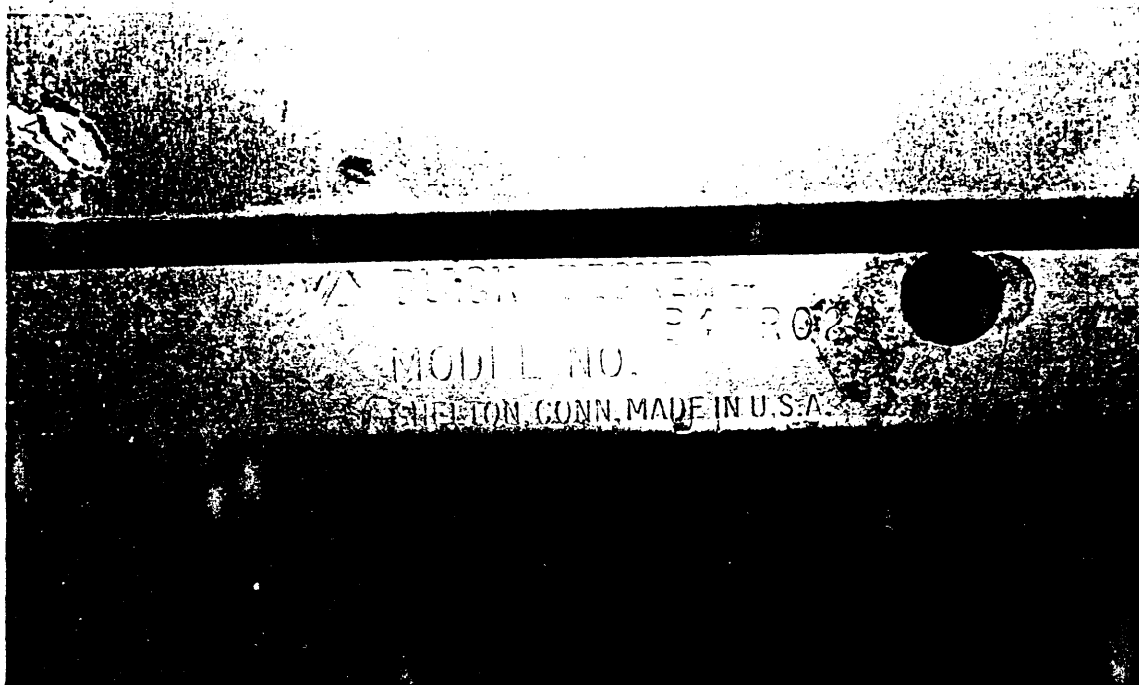
Photograph 6 Depicts the controls on the toaster oven.



Photographs 7 & 8 Depict the labeling on the toaster oven.



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Photograph 9 Depicts labeling on the toaster oven.



Photograph 10 Depicts the distortion of the metal support, above the upper oven calrod from this accident.

CONSUMER PRODUCT INCIDENT REPORT

Charlie Connell

1. NAME OF RESPONDENT LT. PHILIP MELANSON		2. TELEPHONE NO. (Home) (Work) 508-468-5508	
3. STREET ADDRESS WENHAM FIRE DEPT		4. CITY STATE ZIP CODE WENHAM MA. 01984	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) LT. MELANSON REPORTED THAT ON 3/10/94 THERE WAS A HOUSEFIRE THAT CAUSED \$5000. DAMAGE AT AN ELDERLY HOUSING PROJECT IN WENHAM AND THAT THIS FIRE WAS CAUSED BY A DEFECTIVE ON-OFF SWITCH IN A BLACK + DECKER BRAND TOASTER OVEN.			
6. DATE OF INCIDENT(S) 3/10/94	7. IF INJURY OR NEAR MISS, OBTAIN AGE 73 SEX F AND DESCRIBE INJURY NONE	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME RELATIONSHIP	
9. DESCRIPTION OF PRODUCT TOASTER OVEN		10. BRAND NAME BLACK + DECKER	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE BLACK + DECKER		12. MODEL, SERIAL NO.'S SERIAL # BITR020	
		13. DEALER'S NAME, ADDRESS & PHONE	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES NO <input checked="" type="checkbox"/> IF YES, BEFORE OR AFTER THE INCIDENT? Describe		15. PRODUCT PURCHASED NEW USED DATE PURCHASED AGE	
		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE:	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO <input checked="" type="checkbox"/> IF NOT, DO YOU PLAN TO CONTACT THEM? YES NO <input checked="" type="checkbox"/> OTHER	18. IS THE PRODUCT STILL AVAILABLE? YES <input checked="" type="checkbox"/> NO IF NOT, ITS DISPOSITION WILL HOLD 2 WEEKS	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <input checked="" type="checkbox"/> NO	
FOR ADMINISTRATION USE			
20. DATE RECEIVED 3/14/94	21. RECEIVED BY (Name & Office) C. D'CONNELL	22. DOCUMENT NO. N430047A	
23. FOLLOW-UP ACTION 940322CNE 5097		24. PRODUCT CODE(S) 0216	
25. DISTRIBUTION ECOS/FOOT/CF/651/11		26. ENDORSEER'S NAME & TITLE RES	